

Form CPF M 102: Campaign Finance Report

Municipal Form JOWN CLERK'S OFFICE Office of Campaign and Political Finance

2019 DEC 13 AM 8: 40

UI Wassachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1 2018 Ending Date: 12 31 2018
Type of Report: (Check one)	A S Note S S S S S State Supple
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Paul Schlichtman Candidate Full Name (if applicable) School Committee, Arlington Office Sought and District 47 Mystic St., #8C, Arlington, MA 02474 Residential Address E-mail: paul@schlichtman.org	Committee to Elect Paul Schlichtman Committee Name Camilla B. Haase Name of Committee Treasurer 88 Park Ave. #401, Arlington, MA 02476 Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANO	CE INFORMATION:
Line 1: Ending Balance from previous report	155.74
Line 2: Total receipts this period (page 3, line 11) 0
Line 3: Subtotal (line 1 plus line 2)	155.74
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	155.74
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	630.00
Line 8: Name of bank(s) used: Leader	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	n accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 8 Dec. 2019
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 h	pox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to t finance activity, including contributions, loans, receipts, expenditures, discursement campaign finance activity of all persons acting under the authority or on behalf of	nts, in-kind contributions and liabilities for this reporting period and represents the
	(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Empl				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ing Or Total Page	eipts over \$50 (or listed above)	0		
ine y: 10tal Kec	eibie over 200 (or usied apove)			
ine 10: Total Rec	eipts \$50 and under* (not listed above)	0		
ine 11. TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
		,	
Line 9: Total Recei	ipts over \$50 (or listed above)	0	
	ripts \$50 and under* (not listed above)	0	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Total Expenditures over	\$50 (or listed above)	1	
	·				
		Line 13: Total Expenditures \$50 a	nd under* (not listed above)	C	
			·		
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	0	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				A A CONTRACTOR OF THE CONTRACT
		Line 12: Expenditures over S	550 (or listed above)	0
		Line 13: Expenditures \$50 at		0
				0
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 13: should include only those expenditures no				L

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address I	Description of Contribution	Value
			· .	
	J L	Line 15: In-Kind Contributions	s over \$50 (or listed above)	0
	•	Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/1/2013	Paul Schlichtman	47 Mystic St., 48C Arlington, MA 02474	Loan to Campaign	630.00
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				The state of the s
1000				
<u></u>	Enter on page 1 line 7 -	→ Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	°630.00